

## Tobacco and Health

Volume II Number 3

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Many Scientific Reports Show Uncertainties,  
Doubts About Causation of Lung Cancer

From South Africa, England and the United States in recent months have come significant reports and comments on tobacco and health from research scientists and medical men.

In the Union of South Africa a major study disclosed findings suggesting that air pollution, not tobacco, may be the factor responsible for the reported increase in lung cancer throughout the world.

In New York City accumulating scientific evidence "that conflicts with or fails to support the tobacco-smoking theories of lung cancer" was cited by Dr. Clarence Cook Little, cancer research scientist who is Scientific Director of the Tobacco Industry Research Committee.

Dr. Little's statement was made upon publication of a review article by the U.S. Public Health Service (PHS) that said "the weight of the evidence, at present, implicates smoking as the principal etiological (causative) factor in the increased incidence of lung cancer."

Dr. Little said that many of the recent scientific reports on smoking and lung cancer were either "omitted from or glossed over" in the PHS review.

"Despite these recent research trends," said his statement, which is quoted in the current issue of *Tobacco and Health*, "the conclusions set forth in the review rely almost entirely on past reports that are no more conclusive today than when these reports were first published."

"Most of the points are not new but are familiar to the American public because they were first advanced some years ago in statistical studies that admittedly are not supported by experimental evidence," Dr. Little said.

The South African study, conducted by Dr. Geoffrey Dean, was based on male lung cancer deaths in that country from 1947-56. He found that white males in South Africa have long been the heaviest cigarette smokers in the world and yet they have a relatively low lung cancer mor-

tality rate.

His report showed that British male immigrants to South Africa who died between the ages of 45 and 64 had a much higher lung cancer rate than either white native-born men or male immigrants from other countries for the same age groups.

Dr. Dean, whose study is summarized in the current issue of *Tobacco and Health* with other articles, wrote:

"The relatively low incidence of lung cancer generally among the heavy-smoking South African men, the higher and rapidly increasing incidence in the growing cities, and the high incidence in the younger age group of immigrants from Britain found in the present study, suggest that the air pollution which occurs in modern industrial life—smoke, smog, traffic fumes, etc.—may be a major factor responsible for the alarming increase of lung cancer in South Africa and Britain, and presumably elsewhere."

In another article summarized in *Tobacco and Health*, Dr. Milton B. Rosenblatt, associate professor of medicine at New York Medical College and co-author of a medical text on lung cancer, said that in relation to lung cancer "there is considerable evidence that the epidemic-like increase is due to factors totally unrelated to cigarette consumption."

"These factors are the development of better diagnostic facilities and longevity of the population," he wrote.

Dr. Rosenblatt also summarized dissenting opinions in regard "to the potentialities of smoking as a cause of lung cancer" and noted that in general the lung cancer theories based on inhalation "have not stood the test of time."

Another article covers the latest report of the British Empire Cancer Campaign which disclosed that five years of tests in which large numbers of animals were exposed to "strong concentrations" of cigarette smoke failed to produce a single lung cancer.

## Findings on Smoking

## Statistical Proof of Link Between Smoking and Cancer Denied

TO THE EDITOR OF THE NEW YORK TIMES: Economics Prof. John K. Galbraith, in his letter published Aug. 19, criticizes The Times for fulfilling a function of the free press—presenting all sides of a public issue.

My statement, to which he objects, pointed out that the Dorn statistical report covered in The Times of Aug. 17 was the same as that covered at greater length in The Times of July 8, 1958—more than a year earlier.

Our position is a simple one: Statistics, even when repeatedly publicized, do not show that smoking causes cancer. Nor do they warrant Professor Galbraith's talking of a "discovery that heavy smoking causes cancer." Dr. Dorn himself, in the published report of his figures, makes no such assertion and advances no such conclusion.

Professor Galbraith wonders about "unnamed statisticians" who have warned against rushing to conclusions on statistics. On this, as on other points he raised, space limitations permit me to cite only a few of the scientific authorities he has overlooked.

## Scientists Quoted

Dr. Joseph Berkson, chief medical statistician at the Mayo Clinic, Rochester, Minn., and member of the Committee on Research and Statistics of the American Cancer Society, commented on Dr. Dorn's and other figures in the "Proceedings of the Mayo Clinic" for April 15, 1959. He pointed out that the statistical studies would not have been taken to indicate that smoking causes lung cancer if the studies had not been focused on smoking in the first place.

In an earlier paper Dr. Berkson said that "cancer is a biologic, not a statistical, problem." He said statistics can have a helpful role, "but if biologists permit statisticians to become the arbiters of biologic questions, scientific disaster is inevitable."

Sir Ronald Fisher, Sc. D., F. R. S., of Cambridge University, England, often called the "father of modern statistics," in his "Smoking—The Cancer Controversy," published in 1959, wrote that "statisticians both in my own country and here [U. S. A.] are exceedingly skeptical of the claim that decisive evidence has been obtained."

Contrary to some claims, smoking is not always implicated in statistical studies. In 1955 Dr. Dorn published a report in which he found the death rate among cigarette factory workers "is definitely lower than that for the general population" in the states where they worked. A later extension of this same study, by other scientists, showed that the workers smoked at almost double the rate of the average United States smoker. But they lived longer than average and showed average, or lower than average, death rates for lung cancer and heart disease.

## Other Factors

Professor Galbraith may not be aware of other less publicized factors under scientific study in connection with the lung cancer problem, such as air pollution, previous lung infections, viruses, industrial dusts and numerous others.

Surgeon General Burney stated in November that "after several years of close observation investigators are finding a definite association between community air pollution and high mortality rates due to cancer of the respiratory tract, including the lung, cancer of the stomach and esophagus, and arteriosclerotic heart disease."

On another important aspect of the question, the British Empire Cancer Campaign in July reported that five years of tests in which large numbers of mice and rats were exposed to heavy concentrations of cigarette smoke failed to produce lung cancers.

Similar research in this country also has produced negative results, while researchers have been able to produce lung cancers in animals with various air pollutants.

Economist Galbraith apparently is unaware that the Tobacco Industry Research Committee has so far appropriated \$3,200,000 for research grants on tobacco and health, made without restrictions by a scientific advisory board of ten independent and recognized doctors, scientists and medical educators.

We shall continue support of research in the field of tobacco and health. At the same time we shall continue to speak up when there is danger that the public will be misled about the meaning and significance of research reports or opinions. We shall do this in the public interest. TIMOTHY V. HARTNETT, Chairman, Tobacco Industry Research Committee.

New York, Aug. 25, 1959.

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San Diego (Cal.) Union, Nov. 5, 1959

## Smoking, Cancer Tie Held Unproved

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Dr. Charles B. Puestow, a professor of surgery at the University of Illinois, said even medical researchers are divided in opinions on a link between tobacco and lung cancer.

If lung irritation contributes to lung cancer, automobile exhaust fumes or other air pollutants possibly



should share the blame, Puestow said.

Puestow, a pipe smoker, was interviewed at the 13th annual Postgraduate Assembly at County Hospital. About 600 physicians and surgeons are attending the assembly, presented under the auspices of the Physicians Research Foundation of the County Hospital. It ends today.

Puestow is a member of the research committee of the American Cancer Society for the Illinois division. The ACS has linked smoking to lung cancer, but Puestow said the opinion is not unanimous among members of the research committee.

Durham (N. C.) Morning Herald  
October 24, 1959

## Cigarettes Unhurt By Insecticides

RALEIGH (AP) — A North Carolina State College study has produced results indicating that chemical and biological tobacco insect killers are not harmful to cigarette smokers.

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Keller's announcement coincided with a new grant of \$16,738 by the National Institutes of Health, U.S. Public Health Service, to continue the study.

The interim report dealt with TDE and Endrin.

The levels of TDE found in commercial cigarette smoke are more than four times less than the seven parts per million permitted on

food by the Food and Drug Administration.

Keller said a person would have to inhale, and retain, the smoke from a pack of cigarettes a day for 250 years before he approved levels which might be considered harmful.

"Even with the best available chemical techniques," the report continued, "it has not been possible to detect even traces of Endrin from the smoke of an entire carton of cigarettes."

"Further research on chemical control has revealed that certain of the newer experimental insecticides are heat degraded during flue-curing or smoking, resulting in an insecticide-free tobacco smoke."

Greater Kansas City (Mo.) Medical Bulletin  
August 29, 1959

## Editorially Speaking

Sometime ago your editor wrote and had published a little essay which was reprinted in the Kansas City Star. This was rather controversial and was completely misinterpreted by everyone who has written to me about it.

Every person who has written has either condemned me for disagreeing with Dr. Oschner or congratulated me for doing so. I even made the "Public Mind" in a letter challenging my right to challenge Dr. Oschner's theories about the relationship between cigarettes and lung cancer since I have had no training in pathology or lung surgery.

Yet I stated very definitely that I was not entering into that controversy but rather I was deploring Dr. Oschner's "scare tactics," that I felt that many intelligent people might also deplore his statement, and that he and the entire profession would lose face because of what he said.

As confirmation of the fears I wish to quote from the Sunday Visitor of April 26th as written by Father Ginder.

"Reader's Digest was scaring the country half out of its wits last month with its little inserts in the daily papers—'The Growing Horror of Lung Cancer: Every heavy smoker will develop lung cancer,' says an eminent doctor."

For what it's worth, I have been a priest 19 years now and have never buried anyone who died of lung cancer. And the pastor here has buried only one such case in his 38 years of parish work. So cheer up!

One fact, and I believe it is a fact, is that in this area the emotional factors are beginning to overshadow the scientific and the pseudo-scientific. Americans are strongly influenced by the Puritanical viewpoint and the do-good viewpoint.

Thus, everything that is fun is sinful and/or is sure to bring retribution either in this world or the next. So since cigarette

smoking is fun, Kansas, a detached part of New England, prohibited the selling of cigarettes for many years, and in my school days I heard many lectures on the "coffin nails."

Drinking is fun, so we had our greatest political fiasco in the history of the world in Prohibition. Dancing and card playing are still on the prohibition list of some churches, and only in the last few decades have some major denominations changed their minds about these two activities.

The do-gooders have to get in on the act. Since these folks have no scientific training and so cannot objectively analyze a scientific thesis, they all get on the band wagon of any idea that gives them the chance to be vocal, and to a lot of folks the cigarette is a marvelous whipping boy.

And now we have Arthur Godfrey. Sure, he quit smoking cigarettes five years ago, and if his use of "coffin nails" caused his malignancy then why should any of us who suffer from oral eroticism stop smoking? The damage has already been done, apparently.

Actually, many of our European colleagues who are as well trained as Dr. Oschner deny the whole thesis of any relationship. They indict industrial fumes and other gases of civilization.

But this thesis does not appeal to the emotions of the Puritans and the do-gooders. It doesn't fit into their pattern of emotional responses to their fellow man and his behavior.

So every bit of contrary evidence is ignored. I don't know the answer. I readily agree with all my critics that I am not qualified to discuss the cause of lung cancer. But I am qualified to discuss the emotional reactions of people, and I wish to go on record as stating that this theory can never be proved or disproved until number one, the emotional elements are eliminated and number two, the wild statements on each side are suppressed.

All of this means let us go back to the clinic, the laboratory and the hospital and solve this problem by science, not by scaring people to death.

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